

Module 2: What Does Wellness Mean for Our Staff Members?

Handout E: Personal Risk Analysis Questionnaire

This questionnaire will ask you about your health and lifestyle habits. Your answers will be entered into a computer program. Your confidential personal report will give you information about your major health risks, your healthy habits, and habits you might change to reduce your risks.

This Health Risk Appraisal is NOT a substitute for a physical check-up; it can't tell you if you're sick. It can give you ideas for healthy living and for minimizing your risks of being sick or injured in the future. It is not designed for people who have heart disease, cancer, kidney disease, or have other serious problems. If you have one of these conditions and want to do a health risk appraisal, please ask your doctor or nurse to go over the report with you.

Directions: To get the most accurate results, answer each question as well as you can. If you don't know the answer to a question, leave it blank.

Participant ID Number: _____
(FILL IN THIS NUMBER IN BOXES AT RIGHT)

Write your number here, then enter your number in the grid to the right. You may need this number to pick up your report.

INSTRUCTIONS

Please use a No. 2 Pencil only to complete this survey. Make dark, black marks that fill the response box completely. To change an answer, erase cleanly then re-mark.

CORRECT

INCORRECT

PARTICIPANT ID NUMBER

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1. AGE - in years		1. Age	<table border="1"><tr><td>0</td><td>0</td></tr><tr><td>10</td><td>1</td></tr><tr><td>20</td><td>2</td></tr><tr><td>30</td><td>3</td></tr><tr><td>40</td><td>4</td></tr><tr><td>50</td><td>5</td></tr><tr><td>60</td><td>6</td></tr><tr><td>70</td><td>7</td></tr><tr><td>80</td><td>8</td></tr><tr><td>90</td><td>9</td></tr></table>	0	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9																																								
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2. SEX - PLEASE MARK MALE OR FEMALE →	2. <input type="checkbox"/> Male <input type="checkbox"/> Female																																																														
3. Have you ever been told that you have diabetes (or sugar diabetes)?	3. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																														
4. Are you now taking medicine for high blood pressure?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																														
5. How many cigars do you usually smoke per day?	5. <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or More																																																														
6. How many pipes of tobacco do you usually smoke per day?	6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																														
7. How many times per day do you usually use smokeless tobacco? (Chewing tobacco, snuff, pouches, etc.)	7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																														
8. DO YOU SMOKE CIGARETTES? How would you describe your cigarette smoking habits?	8. <input type="checkbox"/> Never Smoked - GO TO QUESTION 11 <input type="checkbox"/> Used to Smoke - GO TO QUESTION 10 <input type="checkbox"/> Still Smoke Now - GO TO QUESTION 9																																																														
9. IF YOU SMOKE NOW How many cigarettes a day do you smoke? GO TO 11	9. Cigarettes Now	10a. Years Quit	10b. Cigarettes Before Quit																																																												
10. IF YOU USED TO SMOKE a. How many years has it been since you quit smoking? b. In the 2 years before you quit, what was the average number of cigarettes per day that you smoked? For example, if your answer is "5", enter "05"	<table border="1"><tr><td>00</td><td>0</td></tr><tr><td>10</td><td>1</td></tr><tr><td>20</td><td>2</td></tr><tr><td>30</td><td>3</td></tr><tr><td>40</td><td>4</td></tr><tr><td>50</td><td>5</td></tr><tr><td>60</td><td>6</td></tr><tr><td>70</td><td>7</td></tr><tr><td>80</td><td>8</td></tr><tr><td>90</td><td>9</td></tr></table>	00	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9	<table border="1"><tr><td>00</td><td>0</td></tr><tr><td>10</td><td>1</td></tr><tr><td>20</td><td>2</td></tr><tr><td>30</td><td>3</td></tr><tr><td>40</td><td>4</td></tr><tr><td>50</td><td>5</td></tr><tr><td>60</td><td>6</td></tr><tr><td>70</td><td>7</td></tr><tr><td>80</td><td>8</td></tr><tr><td>90</td><td>9</td></tr></table>	00	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9	<table border="1"><tr><td>00</td><td>0</td></tr><tr><td>10</td><td>1</td></tr><tr><td>20</td><td>2</td></tr><tr><td>30</td><td>3</td></tr><tr><td>40</td><td>4</td></tr><tr><td>50</td><td>5</td></tr><tr><td>60</td><td>6</td></tr><tr><td>70</td><td>7</td></tr><tr><td>80</td><td>8</td></tr><tr><td>90</td><td>9</td></tr></table>	00	0	10	1	20	2	30	3	40	4	50	5	60	6	70	7	80	8	90	9
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11. In general, how satisfied are you with your life?	11. <input type="checkbox"/> Mostly satisfied <input type="checkbox"/> Not satisfied <input type="checkbox"/> Partly satisfied																																																														
12. Considering your age, how would you describe your overall physical health?	12. <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor																																																														

PAGE 1

For use with Activity 2

Module 2: What Does Wellness Mean for Our Staff Members?

Handout E: Personal Risk Analysis Questionnaire (continued)

<p>13a. Car/Truck/Van</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td>.000</td></tr> <tr><td>000</td><td>0</td><td></td></tr> <tr><td>100</td><td>1</td><td></td></tr> <tr><td>200</td><td>2</td><td></td></tr> <tr><td>300</td><td>3</td><td></td></tr> <tr><td>400</td><td>4</td><td></td></tr> <tr><td>500</td><td>5</td><td></td></tr> <tr><td>600</td><td>6</td><td></td></tr> <tr><td>700</td><td>7</td><td></td></tr> <tr><td>800</td><td>8</td><td></td></tr> <tr><td>900</td><td>9</td><td></td></tr> </table>			.000	000	0		100	1		200	2		300	3		400	4		500	5		600	6		700	7		800	8		900	9		<p>13b. Motorcycle</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td>.000</td></tr> <tr><td>000</td><td>0</td><td></td></tr> <tr><td>100</td><td>1</td><td></td></tr> <tr><td>200</td><td>2</td><td></td></tr> <tr><td>300</td><td>3</td><td></td></tr> <tr><td>400</td><td>4</td><td></td></tr> <tr><td>500</td><td>5</td><td></td></tr> <tr><td>600</td><td>6</td><td></td></tr> <tr><td>700</td><td>7</td><td></td></tr> <tr><td>800</td><td>8</td><td></td></tr> <tr><td>900</td><td>9</td><td></td></tr> </table>			.000	000	0		100	1		200	2		300	3		400	4		500	5		600	6		700	7		800	8		900	9		<p>13. In the next 12 months, how many thousands of miles will you probably travel by each of the following? (NOTE: U.S. average for cars is 10,000 miles)</p> <p>a. Car, truck, or van: b. Motorcycle:</p>
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<p>14. <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sub-compact or compact car</p>	<p><input type="checkbox"/> Mid or Full-size car <input type="checkbox"/> Truck or van <input type="checkbox"/> Bus, subway, or train <input type="checkbox"/> Mostly stay home</p>	<p>14. On a typical day, how do you USUALLY travel? (Mark one only)</p>																																																																		
<p>15. <input type="checkbox"/> Never, 0% <input type="checkbox"/> Seldom, 1-39% <input type="checkbox"/> Sometimes, 40-79%</p>	<p><input type="checkbox"/> Nearly Always, 80-99% <input type="checkbox"/> Always, 100%</p>	<p>15. What percent of time do you usually buckle your safety belt when driving or riding?</p>																																																																		
<p>16. <input type="checkbox"/> 75% to 100% <input type="checkbox"/> 25% to 74%</p>	<p><input type="checkbox"/> Less than 25% <input type="checkbox"/> Does not apply to me</p>	<p>16. If you ride a motorcycle or all-terrain vehicle (ATV), what percent of the time do you wear a helmet?</p>																																																																		
<p>17. <input type="checkbox"/> Within 5 mph of limit <input type="checkbox"/> 6-10 mph over limit</p>	<p><input type="checkbox"/> 11-15 mph over limit <input type="checkbox"/> More than 15 mph over</p>	<p>17. On the average, how close to the speed limit do you usually drive?</p>																																																																		
<p>18. Drinking and Driving</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>000</td><td>0</td><td></td></tr> <tr><td>100</td><td>1</td><td></td></tr> <tr><td>200</td><td>2</td><td></td></tr> <tr><td>300</td><td>3</td><td></td></tr> <tr><td>400</td><td>4</td><td></td></tr> <tr><td>500</td><td>5</td><td></td></tr> <tr><td>600</td><td>6</td><td></td></tr> <tr><td>700</td><td>7</td><td></td></tr> <tr><td>800</td><td>8</td><td></td></tr> <tr><td>900</td><td>9</td><td></td></tr> </table>				000	0		100	1		200	2		300	3		400	4		500	5		600	6		700	7		800	8		900	9		<p>19. Alcohol Drinks</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>000</td><td>0</td><td></td></tr> <tr><td>100</td><td>1</td><td></td></tr> <tr><td>200</td><td>2</td><td></td></tr> <tr><td>300</td><td>3</td><td></td></tr> <tr><td>400</td><td>4</td><td></td></tr> <tr><td>500</td><td>5</td><td></td></tr> <tr><td>600</td><td>6</td><td></td></tr> <tr><td>700</td><td>7</td><td></td></tr> <tr><td>800</td><td>8</td><td></td></tr> <tr><td>900</td><td>9</td><td></td></tr> </table>				000	0		100	1		200	2		300	3		400	4		500	5		600	6		700	7		800	8		900	9		<p>18. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?</p> <p>19. How many drinks of alcoholic beverages do you have in a typical week? A drink is a 12 oz. bottle or can of beer, a 5 oz. glass of wine, a 12 oz. winecooler, or a shot of liquor.</p> <p style="text-align: center;">For example, if your answer is "7", enter "07". If you don't drink, enter "00".</p> <p style="text-align: center;">(MEN GO TO QUESTION 29)</p>
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<p>20. <input type="checkbox"/> 11 or under <input type="checkbox"/> 12-13 <input type="checkbox"/> 14 or older</p>	<p style="text-align: center;">WOMEN</p> <p>20. At what age did you have your first menstrual period?</p>
<p>21. <input type="checkbox"/> No Children <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> Over 30</p>	<p>21. How old were you when your first child was born?</p>
<p>22. <input type="checkbox"/> Less than 1 year ago <input type="checkbox"/> 1 year ago <input type="checkbox"/> 2 years ago</p>	<p><input type="checkbox"/> 3 or more years ago <input type="checkbox"/> Never</p> <p>22. About how long has it been since your last breast x-ray (mammogram)?</p>
<p>23. <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or More <input type="checkbox"/> Don't know</p>	<p>23. How many women in your natural family (mother and sisters only) have had breast cancer?</p>

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Handout E: Personal Risk Analysis Questionnaire (continued)

WOMEN CONTINUED

24. Have you had a hysterectomy operation? (Removal of your uterus) ☒ 24. ☐ Yes ☐ No
25. When did you last have a pap smear? ☒ 25. ☐ Less than 1 year ago ☐ 3 or more years ago
☒ ☐ 1 year ago ☐ Never
☒ ☐ 2 years ago
26. How often do you examine your breasts for lumps? ☒ 26. ☐ Monthly ☐ Rarely or never
☒ ☐ Once every few months
27. When did you last have your breasts examined by a physician or nurse? ☒ 27. ☐ Less than 1 year ago ☐ 3 or more years ago
☒ ☐ 1 year ago ☐ Never
☒ ☐ 2 years ago
28. About how long has it been since you had a rectal exam? ☒ 28. ☐ Less than 1 year ago ☐ 3 or more years ago
☒ ☐ 1 year ago ☐ Never
☒ ☐ 2 years ago
- (WOMEN GO TO QUESTION 30)**

MEN

29. About how long has it been since you had a rectal or prostate exam? ☒ 29. ☐ Less than 1 year ago ☐ 3 or more years ago
☒ ☐ 1 year ago ☐ Never
☒ ☐ 2 years ago

MEN AND WOMEN

30. How many times in the past year did you experience or witness emotional or physical threats or abuse or become involved in a violent fight where there was a good chance of a serious injury? ☒ 30. ☐ 4 or more time ☐ 1 time or never
☒ ☐ 2 or 3 times ☐ Not sure
31. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe more heavily and your heart beat faster)? ☒ 31. ☐ Less than 1 time per week
☒ ☐ 1 or 2 times per week
☒ ☐ At least 3 times per week
32. Do you eat some food every day that is high in fiber, such as whole grain bread, cereal, fresh fruits or vegetables? ☒ 32. ☐ Yes ☐ No
33. Do you eat foods every day that are high in cholesterol or fat, such as fatty meat, cheese, fried foods or eggs? ☒ 33. ☐ Yes ☐ No
34. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, separation, jail term or the death of someone close to you.) ☒ 34. ☐ Yes, 1 serious loss or misfortune
☒ ☐ Yes, 2 or more ☐ No
35. Race ☒ 35. ☐ Aleutian, Alaska native, Eskimo or American Indian
☒ ☐ Asian ☐ White
☒ ☐ Black ☐ Other
☒ ☐ Pacific Islander ☐ Don't know
36. Are you of Hispanic origin such as Mexican-American, Puerto Rican or Cuban? ☒ 36. ☐ Yes ☐ No
37. What is the highest grade you completed in school? ☒ 37. ☐ Grade school or less ☐ Some college
☒ ☐ Some high school ☐ College graduate
☒ ☐ High school graduate
☒ ☐ Post graduate or professional degree

Module 2: What Does Wellness Mean for Our Staff Members?

Handout E: Personal Risk Analysis Questionnaire (continued)

MEN AND WOMEN CONTINUED

38. ☐ Health professional
☐ Manager, educator, professional
☐ Technical, sales or administrative support
☐ Operator, fabricator, laborer
☐ Student ☐ Homemaker ☐ Skilled crafts
☐ Retired ☐ Service ☐ Unemployed
☐ Other

38. What is your job or occupation?
(Mark only one)

39. ☐ Yes ☐ No
☐ No, but would like physician referral information

39. Do you presently have a personal physician?

40. a. Stroke ☐ Yes ☐ No
b. Diabetes ☐ Yes ☐ No
c. Cancer ☐ Yes ☐ No
d. Heart Disease ☐ Yes ☐ No
e. High Blood Pressure ☐ Yes ☐ No
f. High Cholesterol ☐ Yes ☐ No

40. Has a natural brother, sister, child or parent had any of these?
(Mark yes or no on EACH line)



Clinical Measures

This section to be completed by clinical staff

41. Height Feet Inches	42. Weight Pounds	43. Body Fat Percent	44. Body Frame Size
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